

PART B - FEE(S) TRANSMITTAL



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(703) 746-4000 or Fax

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2292 759	E ADDRESS (Note: Use Block 1 for 90 08/23/2004	any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
BIRCH STEWAR PO BOX 747 FALLS CHURCH, 72004 NNGUYEN2 00000		RCH , LLP	<u> </u>	I hereby certify that s States Postal Service addressed to the Ma transmitted to the US	ertificate of Mailing of this Fee(s) Transmittal with sufficient postage all Stop ISSUE FEE PTO (703) 746-4000,	r Transn is being e for first address a on the da	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.
2004 MUDUIENE VVVVV	0/6 10031113	·	(<u>)</u>				(Depositor's name)
1501	1370.00 OF 300.00 OF	NOV 1 2 2004		(Signature)			
:1504 :8001	3.00 OP		<i>3</i>				(Date)
APPLICATION NO.	FILING DATE	CAS CAFE	ST NAMED INVEN	TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/051,115	SOF WE		Kazuyuki Matsumura		0171-0813P-SF	,	7493
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) D	UE	DATE DUE
nonprovisional	NO	-\$1330-	о	\$300	\$1630 -		11/23/2004
EXAMINER SHEWAREGED, BETELHEM		47137		ASS-SUBCLASS	\$1670		
		1774		428-032210	_		
ASSIGNEE NAME AND	on (or "Fee Address" Indic r more recent) attached. Us RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion	E PRINTED ON THI	listed, no name wil	r type)		w, the do	cument has been filed for
(A) NAME OF ASSIGNE	Œ	(B) R	ESIDENCE: (CIT	Y and STATE OR CO	OUNTRY)		
	CHEMICAL C	·		yo, Japan			
	assignee category or catego			Individual 🛭 (Corporation or other pr	ivate grou	ip entity Government
. The following fee(s) are e	enclosed:	_	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.				
	nall entity discount permitt		Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).				
_ `	from status indicated above AALL ENTITY status. See		b. Applicant is no	longer claiming SMA	ALL ENTITY status. S		_
OTE: The Issue Fee and Pu	s requested to apply the Iss oblication Fee (if required) rds of the United States Pat	will not be accepted fr	om anyone other th	re-apply any previous an the applicant; a re	sly paid issue fee to the gistered attorney or ago	applicati ent; or the	on identified above. assignee or other party in
Authorized Signature				Date	November	12,	2004
	Andrew D. M	Meikle		Registratio	n No. 32,868	3	
Typed or printed name	n is required by 37 CFR 1.3 by is governed by 35 U.S.C						

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